

County: Buffalo
ST. MICHAEL'S EV. LUTHERAN HOME
P.O. BOX 7

Facility ID: 8490

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FOUNTAIN CITY 54629 Phone:(608) 687-7721
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/02): 50
Total Licensed Bed Capacity (12/31/02): 52
Number of Residents on 12/31/02: 39

Ownership: Nonprofit Church/Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 37

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)			%
			Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	No						1 - 4 Years			25.6
Supp. Home Care-Personal Care	No						More Than 4 Years			46.2
Supp. Home Care-Household Services	No		Developmental Disabilities	2.6	Under 65	7.7				28.2
Day Services	No		Mental Illness (Org./Psy)	28.2	65 - 74	10.3				-----
Respite Care	No		Mental Illness (Other)	0.0	75 - 84	20.5				100.0
Adult Day Care	No		Alcohol & Other Drug Abuse	0.0	85 - 94	53.8	*****			
Adult Day Health Care	No		Para-, Quadra-, Hemiplegic	2.6	95 & Over	7.7	Full-Time Equivalent			
Congregate Meals	No		Cancer	2.6		-----	Nursing Staff per 100 Residents			
Home Delivered Meals	No		Fractures	0.0		100.0	(12/31/02)			
Other Meals	No		Cardiovascular	28.2	65 & Over	92.3	-----			
Transportation	No		Cerebrovascular	12.8		-----	RNs			9.5
Referral Service	No		Diabetes	7.7	Sex	%	LPNs			9.6
Other Services	Yes		Respiratory	10.3	-----	-----	Nursing Assistants,			
Provide Day Programming for			Other Medical Conditions	5.1	Male	43.6	Aides, & Orderlies			
Mentally Ill	No			-----	Female	56.4				
Provide Day Programming for				100.0		-----				
Developmentally Disabled	No					100.0				

Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	0	0.0	0			1	4.2	133	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.6
Skilled Care	2	100.0	272			17	70.8	113	0	0.0	0	13	100.0	126	0	0.0	0	0	0.0	0	32	82.1
Intermediate	---	---	---			6	25.0	92	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	15.4
Limited Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	2	100.0				24	100.0		0	0.0		13	100.0		0	0.0		0	0.0		39	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							
				% Needing Assistance of		% Totally Dependent		Total Number of Residents	
Percent Admissions from:		Activities of		One Or Two Staff					
		Daily Living (ADL)							
Private Home/No Home Health	26.7	Bathing	0.0	59.0	41.0	39			
Private Home/With Home Health	3.3	Dressing	25.6	48.7	25.6	39			
Other Nursing Homes	6.7	Transferring	43.6	28.2	28.2	39			
Acute Care Hospitals	56.7	Toilet Use	33.3	30.8	35.9	39			
Psych. Hosp.-MR/DD Facilities	0.0	Eating	76.9	12.8	10.3	39			
Rehabilitation Hospitals	3.3	*****							
Other Locations	3.3								
Total Number of Admissions	30	Continence		%	Special Treatments		%		
Percent Discharges To:		Indwelling Or External Catheter	7.7	Receiving Respiratory Care		5.1			
Private Home/No Home Health	43.3	Occ/Freq. Incontinent of Bladder	48.7	Receiving Tracheostomy Care		0.0			
Private Home/With Home Health	3.3	Occ/Freq. Incontinent of Bowel	25.6	Receiving Suctioning		2.6			
Other Nursing Homes	3.3			Receiving Ostomy Care		0.0			
Acute Care Hospitals	10.0	Mobility		Receiving Tube Feeding		2.6			
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets		20.5			
Rehabilitation Hospitals	0.0								
Other Locations	3.3	Skin Care		Other Resident Characteristics					
Deaths	36.7	With Pressure Sores	5.1	Have Advance Directives		89.7			
Total Number of Discharges		With Rashes	0.0	Medications					
(Including Deaths)	30			Receiving Psychoactive Drugs		48.7			

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

		This Facility	Ownership: Nonprofit	Bed Size: 50-99	Licensure: Skilled	All Facilities			
		%	Peer Group Ratio	Peer Group	Peer Group	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds		70.5	86.5	0.82	83.5	0.84	83.3	0.85	85.1
Current Residents from In-County		89.7	79.3	1.13	72.9	1.23	75.8	1.18	76.6
Admissions from In-County, Still Residing		23.3	23.9	0.98	22.2	1.05	22.0	1.06	20.3
Admissions/Average Daily Census		81.1	107.3	0.76	110.2	0.74	118.1	0.69	133.4
Discharges/Average Daily Census		81.1	110.2	0.74	112.5	0.72	120.6	0.67	135.3
Discharges To Private Residence/Average Daily Census		37.8	41.6	0.91	44.5	0.85	49.9	0.76	56.6
Residents Receiving Skilled Care		84.6	93.2	0.91	93.5	0.90	93.5	0.90	86.3
Residents Aged 65 and Older		92.3	95.7	0.96	93.5	0.99	93.8	0.98	87.7
Title 19 (Medicaid) Funded Residents		61.5	69.2	0.89	67.1	0.92	70.5	0.87	67.5
Private Pay Funded Residents		33.3	22.6	1.48	21.5	1.55	19.3	1.73	21.0
Developmentally Disabled Residents		2.6	0.6	4.04	0.7	3.44	0.7	3.55	7.1
Mentally Ill Residents		28.2	35.9	0.79	39.0	0.72	37.7	0.75	33.3
General Medical Service Residents		5.1	18.1	0.28	17.6	0.29	18.1	0.28	20.5
Impaired ADL (Mean)		47.2	48.7	0.97	46.9	1.01	47.5	0.99	49.3
Psychological Problems		48.7	52.0	0.94	54.6	0.89	52.9	0.92	54.0
Nursing Care Required (Mean)		4.5	6.8	0.66	6.8	0.66	6.8	0.66	7.2